| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>Article Addressed to:         <ul> <li>Clerk of Courts of Bradford Co Cheryl Wood-Walter</li> <li>Main Street</li> <li>Towanda, Pa. 18848</li> </ul> </li> <li>ATT: Prothonotary's Office</li> </ul>  | A. Received by (Please Print Clearly)  C. Signature  Agent  Addressee  D. Is delivery address different from item 1? Yes  If YES, enter delivery address below:    |
|  | 3. Service Type  22 Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes |
| 2. Article Number (Copy from service label) 7000 0600 0027 5713 4277   | 1:00-CV-775 1 of 1 Order of 9/27   |
| To a second seco | eturn Receipt 102595-99-M-1789   |

ordery 9/27/00

FILED HARRISBURG

OCT 0 6 2000

MARY E. D'ANDREA, CLERK Per\_\_\_\_\_